

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 348654 (5)

1. Corporation Name:

CHARLES H. GREENTHAL OF FLORIDA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 AM 11:54

Principal Place of Business Mailing Address
C/O THE CHALRES H. GREENTHAL GROUP, INC. C/O THE CHALRES H. GREENTHAL GROUP, INC.
4 PARK AVENUE 4 PARK AVENUE
NEW YORK NY 10016 NEW YORK NY 10016

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/27/1969	06/14/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1280550	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		☐	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	☐	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				☐ Yes ☐ No	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	☐ Change ☐ Addition
NAME	WEST, WILLIAM	1.2 NAME	
STREET ADDRESS	4 PARK AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	1.4 CITY - ST - ZIP	
TITLE	CEO	2.1 TITLE	☐ Change ☐ Addition
NAME	WEST, WILLIAM	2.2 NAME	
STREET ADDRESS	4 PARK AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	WEST, LANCE	3.2 NAME	
STREET ADDRESS	4 PARK AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	3.4 CITY - ST - ZIP	
TITLE	VS	4.1 TITLE	☐ Change ☐ Addition
NAME	WEST, JONATHAN	4.2 NAME	
STREET ADDRESS	4 PARK AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the individual or individual empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on a statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-95 (212) 340 7645